



Gabrielle Juliano-Villani, LCSW

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EMDR Therapy Consent Form

I, _____, give my consent for EMDR treatment to be provided to me (or to my dependent, _____). I realize that no guarantees have been made as a result of treatment. I have been made aware of potential risks involved in EMDR treatment, including but not limited to emotional reactions, new information emerging, or exacerbated health issues, and I am aware that chronic or acute substance use/abuse (even if prescribed, and including, but not limited to, marijuana and benzodiazepine use) may have limited, neutral, or detrimental effects before, during, or after EMDR Therapy. I have made Gabrielle Juliano-Villani, LCSW aware of any concerns. I have been made aware that my confidentiality will be protected, and no identifying information will be provided.

Consultation is an important part of therapist growth and experience. Gabrielle Juliano-Villani, LCSW consults weekly-to-monthly with individuals trained in trauma-focused treatment, primarily EMDR Therapy. Part of this consultation process, on occasion, may require her to discuss parts of or entire sessions to ensure quality care. Any information discussed may not, per HIPAA requirements, contain any identifying information, and information shared must be pertinent to continued quality care.

I have had an opportunity to ask questions. I am aware I may refuse this process and that I may revoke this consent at any time by signing on the bottom line of this document.

Signature _____ Date _____

Revoked

(Do not sign unless you intend to revoke).

Signature _____ Date _____